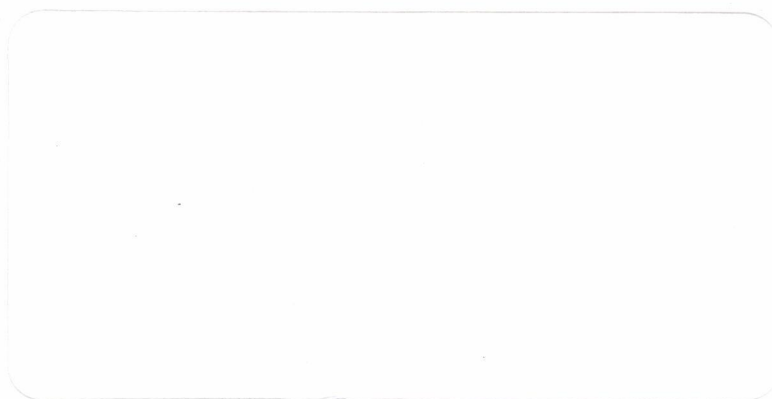


# JACOBS

## TES IV



**JACOBS ENGINEERING GROUP INC.  
ENVIRONMENTAL SYSTEMS DIVISION**

IN ASSOCIATION WITH:  
TETRA TECH  
METCALF & EDDY  
ICAIR LIFE SYSTEMS  
KELLOGG CORPORATION  
GEO/RESOURCE CONSULTANTS  
BATTELLE PACIFIC NORTHWEST LABORATORIES  
DEVELOPMENT PLANNING AND RESEARCH ASSOCIATES

9.2.87

RCRA COMPLIANCE EVALUATION  
INSPECTION FOR LAND DISPOSAL  
RESTRICTIONS

GM ASSEMBLY DIVISION - LEEDS PLANT  
MOD000822668  
6817 STADIUM DRIVE  
KANSAS CITY, MO 64129



R00161512  
RCRA RECORDS CENTER

9-287



131

RCRA COMPLIANCE EVALUATION INSPECTION  
ON LAND DISPOSAL RESTRICTIONS

PREPARED FOR

U. S. ENVIRONMENTAL PROTECTION AGENCY, REGION VII

TOXIC AND WASTE MANAGEMENT DIVISION

COMPLIANCE AND RESPONSE BRANCH

RCRA COMPLIANCE EVALUATION INSPECTION

WORK ASSIGNMENT NO. 412

FACILITY DESCRIPTION

|                            |                                                                                                                              |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Facility:                  | GM Assembly Division - Leeds<br>Plant<br>6817 Stadium Drive<br>Kansas City, Mo 64129                                         |
| EPA Identification Number: | MOD000822668                                                                                                                 |
| Date of Inspection:        | September 2, 1987                                                                                                            |
| Inspectors:                | Edward Clement, Environmental<br>Engineer, and<br>Carla Rellergert, Geological<br>Engineer, Jacobs Engineering<br>Group Inc. |
| Facility Representative:   | Cindy Johnson, Environmental<br>Engineer and<br>Larry Rice, Environmental<br>Engineer                                        |

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PHOTOGRAPHS

## 1.0 INTRODUCTION

On September 2, 1987, an unannounced RCRA Compliance Evaluation Inspection (CEI) on the land disposal restriction requirement of 40 CFR 268 was performed by Jacobs Engineering Group Inc. (Jacobs) personnel at the GM Assembly Division-Leeds Plant (GM-Leeds). The CEI was performed under the Technical Enforcement Support (TES) IV Contract, Work Assignment Number 412, for the Environmental Protection Agency, Region VII. The inspection was conducted under the authority of Section 3007 of the Resource Conservation and Recovery Act (RCRA) as amended.

The inspection consisted of a discussion of the facility's RCRA background, a review of the facility's reported management practices which involve F-listed hazardous wastes, observations made during the inspection, inspection and document review findings, and a listing of potential violations. The inspection was supplemented with photographs to support the observations. Documentation received from GM-Leeds during the visit and a copy of the Generator Section of the RCRA F-Solvent Land Disposal Restrictions Checklist are included in Attachments C and E respectively. (The Generator portion of the checklist was the only applicable section to this facility.)

## 2.0 PARTICIPANTS

An inspection of GM-Leeds' compliance with the RCRA land disposal restriction was conducted on September 2, 1987 by Edward Clement and Carla Rellergert of Jacobs, representing EPA Region VII. Jacobs personnel were met by the facility's security guard at Post 2 Guard Station. The security official informed Jacobs personnel that the person in charge of environmental activities at the facility was Cindy Johnson, whose title is Environmental Engineer. The remainder of the inspection was conducted with Cindy Johnson and another Environmental Engineer, Larry Rice.

## 3.0 INSPECTION PROCEDURES

An in-briefing was conducted for Ms. Johnson upon arrival at GM-Leeds. Jacobs personnel presented Ms. Johnson with EPA letters of introduction (Attachment A) and explained the purpose of the inspection and the procedures that would follow. The Confidential Business Information (CBI) Notice was explained to Ms. Johnson, which she declined.

Ms. Johnson was requested to sign the CBI Notice which was in acknowledgement that she had received and read the notice (Attachment A).

Ms. Johnson gave a brief overview of GM-Leeds' services and explained the various solvent waste streams generated at the facility. The inspection consisted of a discussion of the facility's solvent waste generation and management practices, a review of hazardous waste management records, and a visual inspection of the area in the facility that generates solvent wastes. At the end of the inspection, Jacobs personnel reviewed their findings and observations with Ms. Johnson. A Notice of Violation (NOV) was issued, which Ms. Johnson signed in acknowledgement of receipt (see Attachment B).

#### 4.0 FACILITY DESCRIPTION

The GM Assembly Division-Leeds Plant in Kansas City, Missouri is an assembly facility for the Buick Skyhawk and the Oldsmobile Firenza. No manufacturing of automotive parts or components occurs at the plant. The facility is currently operating one shift per day, with specific processes being assembly of components, priming, and final color painting.

Background information on the hazardous waste management practices was provided by documentation in EPA Region VII files and through discussion of the facility's history with Cindy Johnson and Larry Rice. Information which may be contained at Missouri Department of Natural Resources was not reviewed.

##### 4.1 RCRA Status

An EPA Notification of Hazardous Waste Activity was submitted by GM-Leeds on August 12, 1980, and received by EPA on August 15, 1980. The facility notified as a generator and as a treatment/storage/disposal facility. The notification specified generation of F003, F005, F008, F017, U220, U002, U123, U159, D001, D002, and D000 (toxic waste). The facility changed its status from TSD to Generator by submitting a Revised Closure Plan to EPA on August 16, 1984.

State waste generator registration forms were not reviewed during the inspection.

## 5.0 OBSERVATIONS

### 5.1 Waste Streams

An examination of GM-Leeds' business records indicates that the three F-listed solvent waste streams are generated by the various painting processes. The three streams are:

- o Top coat purging thinner
- o Urethane purging thinner
- o Miscellaneous thinners for cleaning jobs

The top coat purging thinner is a GM specified solvent that is typically 50% toluene and 50% naptha, and is classified as a D001 and an F005 hazardous waste. This material is used to clean the manual and robotic paint guns that apply the final paint coat to the automobiles. Typically six to twelve colors are used. The original material is stored in a tank near the waste tanks behind the facility. The used thinner travels through internal paint gun tubing and is piped to the 15,000 gallon storage tank, on the west side of the plant.

The urethane purging thinner is a 100% toluene solvent that is used to clean the paint guns that are used in painting the plastic parts of the automobiles (bumpers, fenders, etc.). The original material is received in drums, is collected in the same manner as the top coat purging solvent, and is stored in the same 15,000 gallon storage tank. The urethane purging thinner is shipped as D001 and an F005 hazardous waste.

The miscellaneous thinners are originally received in drums and, after use, are stored in drums in an accumulation area near the waste thinner storage tank.

An additional waste stream of unused waste paint and thinner from the different painting processes is also generated. This waste stream does not use solvents in a manner that would cause the waste to be classified as an F-listed material (the solvents are not used as cleaners, degreasers, etc.). This waste material is classified as D001. Wastes that contain solvents which were used as



reactants or ingredients to make a usable product are not covered by the listings (December 31, 1985, 50 Federal Register 53316).

## 5.2 Records

The following section provides information on the F-listed solvent waste management records reviewed at the time of the inspection.

### MATERIAL SAFETY DATA SHEETS

Included in Attachment E are MSDS's for the three solvents used at the GM-Leeds Facility. The top coat purging thinner (Solvent 9981183) is a GM specified solvent that is purchased from various suppliers. The current supplier is Ashland Chemical Company. The urethane purging thinner is 100% toluene, with a current U.S. Department of Labor MSDS attached. A Langston Laboratories, Inc. analysis of the miscellaneous solvents used for general cleaning is included to characterize this solvent material.

### MANIFESTS

Records provided by GM-Leeds indicate that the wastes stored in the underground tank and in the drums are shipped by U.S. Pollution Control, Inc. (OKD981514474) to Hydrocarbon Recyclers, Inc. (OKD000632737) in Tulsa, Oklahoma, for solvent recycling or disposal. The tank is pumped into a truck in 6000 gallon quantities, with all three solvents leaving the facility as one waste stream. GM-Leeds is correctly manifesting the material as F005 and D001.

GM-Leeds is using manifests from the state of Oklahoma, however additional information is added to each Oklahoma manifest to meet the additional manifesting requirements of Missouri.

## 6.0 SITE EVALUATION

During the inspection, a site evaluation was performed at GM-Leeds to identify the areas of F-listed solvent waste generation and storage. This evaluation was supplemented with photographs to support some of the observations noted (Attachment F).

### Paint Booth Operations (Photographs 1 and 2)

Two separate paint booth areas are used at GM-Leeds: the top coat painting area, and the urethane painting area. Both systems have robotic and manual operating systems. The totally internal solvent cleaning system is accomplished by a series of hoses and tubes. The used solvent is then piped to the storage tank. Both paint booths have a floor drain system that collects paint overspray, which is treated along with the other facility wastewater streams.

### Storage Tank and Accumulation Area (Photographs 3-5)

The underground storage tank is directly west of the assembly facility. The principal tank for spent solvent storage has a capacity of 15,000 gallons. The tank is emptied by pumping the waste to a tanker truck for transport to the recycling facility. The miscellaneous thinner drum accumulation area is located south of the underground storage tank. The spent thinners are contained in 55 gallon drums and are shipped to the recycler approximately every 3 to 4 weeks. There were no drums on site on the day of the inspection, as a shipment had just been removed.

## 7.0 FINDINGS AND CONCLUSIONS

GM-Leeds generates significant amounts of F005 spent solvent waste and is subject to the applicable standards of 40 CFR 268. Monthly amounts vary depending on the level of production at the assembly facility. The spent solvent materials are stored in an underground tank that is correctly marked according to 40 CFR 262.34(a)(3). All portions of the RCRA Land Restriction F-Solvent generator checklist which were applicable to GM-Leeds were completed during the inspection.

### 268.7 Waste Analysis

GM Leeds was cited for paragraph (a) of 40 CFR 268.7 which states that the generator must determine that his waste is restricted from land disposal. According to subparagraph (1), once a generator determines that he is managing a restricted waste under 40 CFR 268.7 and the waste exceeds the applicable treatment standards, with each shipment of waste the generator must notify the treatment facility in writing of the appropriate treatment standard.

GM-Leeds correctly manifested their solvent waste as D001 and F005, but failed to notify the recycler that the waste was restricted from land disposal according to the November 7, 1986 Federal Register (51 FR 40572).

ATTACHMENT A

Letters of Authorization and  
Confidential Business Information Forms

September 2, 1987



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

To Whom It May Concern:

This certifies that Edward B. Clement whose signature and physical description appear below, is designated an authorized contractor of the U.S. Environmental Protection Agency for the purpose of conducting RCRA Compliance Evaluation Inspections (CEI) for the period of August 21 through September 30, 1987, pursuant to Section 3007 of the Resource Conservation and Recovery Act (RCRA).

Section 3007(b) of RCRA and 40 C.F.R. Part 2 define the Agency's policies regarding protection of trade secrets and confidential information.

|                |                  |
|----------------|------------------|
| Age:           | 26               |
| Height:        | 5 foot 10 inches |
| Weight:        | 195 lbs          |
| Color of Hair: | Light Brown      |
| Color of Eyes: | Blue             |

Edward B. Clement  
Edward B. Clement  
Designated Contractor  
Jacobs Engineering Group Inc.

David A. Wagoner  
David A. Wagoner  
Director, Waste Management Division  
U.S. Environmental Protection Agency-Region VII





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

RCRA Compliance Evaluation Inspections  
Credentials and Designation

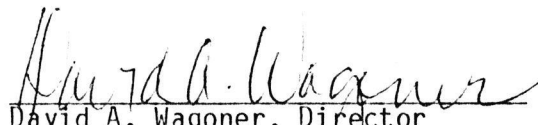
To Whom It May Concern:

This certifies that Carla Rellergert, whose signature appears below, is designated an authorized contractor of the U.S. Environmental Protection Agency for the purpose of conducting RCRA Compliance Evaluation Inspections (CEI) for the period July 1, 1987 through September 30, 1987. This person is hereby authorized to conduct these official investigations pursuant to Section 3007 of the Resource Conservation and Recovery Act (RCRA).

Section 3007(b) of RCRA and 40 CFR Part 2 define the Agency's policies regarding protection of trade secrets and confidential information.

Age: 24  
Height: 5 foot 6 inches  
Weight: 180 lbs  
Color of Hair: Brown  
Color of Eyes: Hazel

  
Carla Rellergert  
Designated Contractor  
Jacobs Engineering Group

  
David A. Wagoner, Director  
Waste Management Division  
U.S. Environmental Protection  
Agency-Region VII

U.S. ENVIRONMENTAL PROTECTION AGENCY  
RCRA INSPECTION  
CONFIDENTIALITY NOTICE

|                                                                                                                                                         |                                                                                                                  |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|
| Name and Address of Inspector(s)<br><br>Jacobs Engineering Group, Inc.<br>TES IV Contractor To U. S. EPA<br>8700 Monrovia Suite 310<br>Lenexa, KS 66215 | Name and Address of Facility<br>BOC Group Leeds Plant<br>6817 Stadium Drive<br>KANSAS CITY, MO 64129 MOD 822 668 |                |
|                                                                                                                                                         | Owner, Operator, or Agent in Charge<br>General Motors Corp.                                                      |                |
|                                                                                                                                                         | Title<br>Owner/Operator                                                                                          |                |
|                                                                                                                                                         | Address<br>3044 W. Grand Blvd.<br>Detroit, MI 48202                                                              |                |
| Name of Individual to Whom Notice Given<br>Cindy Johnson                                                                                                | Title<br>Environmental Engineer                                                                                  | Date<br>9/2/87 |

It is possible that EPA will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act, Section 3007, as amended. EPA is required to make inspection data available in response to FOIA requests, unless the Administrator of the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial of financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information. Among other things, the regulations require that the EPA notify you in advance of publicly disclosing any information you have claimed and certified confidential.

To claim information confidential, you must certify that each claimed item meets all of the following criteria:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtainable without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

At the completion of the inspection, you will be given a receipt for all documents, samples, and other materials collected. At that time you may make claims that some or all of the information is confidential and meets the four criteria listed above.

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| RCRA INSPECTION CONFIDENTIALITY NOTICE | Facility<br>BOC Group Leeds Plant |
|----------------------------------------|-----------------------------------|

If you are not authorized by your company to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the Owner, Operator, or Agent in Charge of your firm, within two days of this date. That person must return a statement, specifying any information which should receive confidential treatment.

This statement from the Owner, Operator, or Agent in Charge should be addressed to:

Mr. David A. Wagoner  
Director, Waste Management Division  
United States Environmental Protection Agency  
726 Minnesota Avenue  
Kansas City, Kansas 66101

and mailed by registered, return-receipt requested mail with in seven (7) calendar days of receipt of this Notice.

Failure by your firm to submit a written request that information be treated as confidential, either at the completion of the inspection or by the Owner, Operator, or Agent in charge, within the seven-day period, will be treated by the EPA as a waiver by your company of any claims for confidentiality regarding the inspection data.

---

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Name CINDY JOHNSON

Title Environmental Engineer

Signature Cindy Johnson

Date 9/2/87

If there is no one on the premises of the facility who is authorized to make business confidentiality claims for the firm, a copy of this Notice and other inspection materials will be sent to the Owner, Operator, or Agent in charge of the company. If there is another company official who should also receive this information, please designate below:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

U.S. ENVIRONMENTAL PROTECTION AGENCY  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

REQUEST FOR CONFIDENTIAL  
TREATMENT

|                       |                                     |      |
|-----------------------|-------------------------------------|------|
| Name of Individual    | Title                               | Date |
| Firm Name             | Firm Address                        |      |
| BOC Group Leeds Plant | 6817 Stadium Drive, Kansas City, MO |      |

64129

Information for which Confidential Treatment is requested:

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5U.S.C.552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act (RCRA), Section 3007, as amended. The undersigned further acknowledges that he/she is authorized to make such claims for his/her firm.

The undersigned also certifies that each item described above meets all of the following criteria: (1) The company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures; (2) The information is not, and has not been, reasonably attainable without the company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding; (3) The information is not publicly available elsewhere; and (4) Disclosure of the information would cause substantial harm to the company's competitive position.

|                                       |       |                       |
|---------------------------------------|-------|-----------------------|
| Signature (Owner, Operator, or Agent) |       | Title                 |
| Name of Inspector                     | Title | Inspector's Signature |

## U.S. ENVIRONMENTAL PROTECTION AGENCY

## RECEIPT FOR SAMPLES AND DOCUMENTS

|                                                                                                                                                      |                                |                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------|
| Inspector(s) Name and Address<br><br>Jacobs Engineering Group, Inc.<br>TES IV Contractor To U. S. EPA<br>8700 Monrovia Suite 310<br>Lenexa, KS 66215 |                                | Firm Name and Address<br>BOC Group Leeds Plant<br>6817 Stadium Drive<br>Kansas City, MO 64129 |
|                                                                                                                                                      |                                | Name of Individual<br>Cindy Johnson                                                           |
|                                                                                                                                                      |                                | Title<br>Environmental Engineer                                                               |
| Date Collected<br>9/2/87                                                                                                                             | Samples were:<br>( ) Purchased | (X) Received no charge ( ) Borrowed                                                           |
| Sample Numbers                                                                                                                                       |                                | Amount paid for Samples                                                                       |
| Duplicate Samples Requested<br><br>( ) Yes (X) No                                                                                                    |                                | Method of Payment<br><br>( ) Cash ( ) Voucher ( ) To be Billed                                |

The documents and samples of chemical substances and/or mixtures described below were collected in connection with the administration and enforcement of the Resource Conservation and Recovery Act.

Receipt for the document(s) and/or Sample(s) described below is hereby acknowledged:

Received: two purged thinner material Safety Data Sheets  
one misc. thinner waste analysis sheet.

6 Hazardous Waste Manifests

5 photographs in tank farm area

2 photographs in color paint booth #1

2 photographs in urethane paint booth area

1 photograph in miscellaneous storage drum area

|                                                               |                                 |                                                      |
|---------------------------------------------------------------|---------------------------------|------------------------------------------------------|
| Signature (Owner, Operator, or Agent)<br><i>Cindy Johnson</i> |                                 | Title<br><i>Environmental Engineer</i>               |
| Name of Inspector<br>Edward B. Clement, Jr                    | Title<br>Environmental Engineer | Inspector's Signature<br><i>Edward B. Clement Jr</i> |



ATTACHMENT B

Notice of Violation

September 2, 1987

Notice of Violation Pursuant to Requirements  
of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: BOC Group Leeds Plant

Address: 6817 Stadium Drive, Kansas City, MO 64129

EPA ID Number: MOD000822668

Date: 9/1/87

During an inspection just completed to determine compliance with the requirements of Subtitle C of RCRA and regulations promulgated pursuant thereto, the following violations were identified:

Citation

Description of Violation

268.7(a)

The Generator has not notified the recycling facility that they are managing restricted waste and did not specify the treatment standards.

This notice is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order (Administrative Civil Complaint) issued pursuant to Section 3008 of RCRA and may not be a complete listing of all violations which may be identified as a result of this inspection.

The BOC Group Leeds Plant is hereby requested to submit in writing within 10 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary correction actions to be taken to: Michael Sanderson, Chief, RCRA Branch, U. S. Environmental Protection Agency, Region VII, 726 Minnesota Ave., Kansas City, Kansas, 66101. The corrective actions taken by BOC Group Leeds Plant will be considered in subsequent enforcement follow-up. Should civil penalties be assessed, corrective action(s) will be considered in assessing the penalty amount.

If you have any questions on this Notice or wish to discuss your response, you may call Mark Ravis (U. S. EPA) at (913) 236-2887, or \_\_\_\_\_, at \_\_\_\_\_.

This Notice prepared by Carla A. Kellergert

Date: September 2, 1987

The undersigned person hereby acknowledges that he/she has received a copy of this Notice and has read same.

Printed Name: CINDY Johnson

Date: 9/2/87

Signature: Cindy Johnson

Title: Environmental Engineer

ATTACHMENT C

Region VII RCRA Land Restriction  
F-Solvent Generator Checklists

Inspector: Carla Rellegert  
Edward Clement  
 Address: Jacobs Engineering Group  
8700 Monrovia, Suite 310, Lenexa, KS 66215  
 Telephone No: (913) 492-9218

DRAFT  
 RCRA LAND RESTRICTION F-SOLVENT  
 GENERATOR CHECKLIST

## I. HANDLER IDENTIFICATION

BOC Group Leeds Plant 6817 Stadium Drive  
 A. Handler Name B. Street (or other identifier)  
KANSAS City Missouri 64129 Jackson  
 C. City D. State E. Zip Code F. County Name  
Automobile Assembly Plant  
 G. Nature of Business; Identification of Operations  
MOD000822668  
 H. EPA ID # (913)  
Cindy Johnson 281-7386  
 I. Handler Contact (Name and Phone Number)

## II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

- a. F001 Yes ✓No  
 b. F002 Yes ✓No  
 c. F003 Yes ✓No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? Yes ✓No

- d. F004 Yes ✓No  
 e. F005 ✓Yes No

2. Source of the above: Form 8700-12       ; Part A       ; Part B       ;  
 other (specify) MSDS plus conversation with suppliers

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below: \_\_\_\_\_



Handler Name: GM Co.ID Number: MD999 822668Inspector: Ed Clement and Carl RellergutDate: 2 September 87CommentsB. BDAT Treatability Group - Treatment Standards Identification

1. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

\_\_\_ Yes ☒ No

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes

☒ Yes \_\_\_ No

*But no treatment standards are sent along with the shipments of waste i.e. with manifest.*

b. TCLP

\_\_\_ Yes ☒ No

c. Other (specify) \_\_\_\_\_

If knowledge, note how this is adequate:

*Through conversation with supplier and Material Safety Data Sheet.*

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

*N.A.*

Dates/frequency: \_\_\_\_\_

Note any problems: \_\_\_\_\_

- d. Were wastes tested using TCLP when a process or wastestream changes?

*wastestreams do not change.*

\_\_\_ Yes ☒ No

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(2)]?

☒ Yes \_\_\_ No  
\_\_\_ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]

\_\_\_ Yes ☒ No

D. Management

1. Onsite management

- a. Were F-solvent wastes managed onsite?

\_\_\_ Yes ☒ No

If yes, answer 1(b) and (c); if no, answer 2.



Handler Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 Date: \_\_\_\_\_

Comments

- b. For wastes that exceed treatment standards, was treatment, storage, and/or disposal conducted?  
 \_\_\_ Yes \_\_\_ No *N.A.*

If yes, TSD Checklist must be completed.

- c. Are test results maintained in the operating record?  
 \_\_\_ Yes \_\_\_ No *N.A.*

## 2. Offsite Management

- a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

- (i) EPA waste number? ☒ Yes \_\_\_ No  
 (ii) Applicable treatment standard? \_\_\_ Yes ☒ No  
 (iii) Manifest number? ☒ Yes \_\_\_ No  
 (iv) Waste analysis data, if available? ☒ Yes \_\_\_ No

Identify offsite treatment facilities Systech Corp.  
in Portland - a recycling facility presently used

*Previous facility is  
 Hydrocarbon recyclers  
 (Note: manifests)*

- b. If F-solvent wastes do not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]: *N.A.*

- (i) EPA Hazardous waste number? \_\_\_ Yes \_\_\_ No  
 (ii) Applicable treatment standard? \_\_\_ Yes \_\_\_ No  
 (iii) Manifest number? \_\_\_ Yes \_\_\_ No  
 (iv) Waste analysis data, if available? \_\_\_ Yes \_\_\_ No  
 (v) Certification regarding waste and that it meets treatment standards? \_\_\_ Yes \_\_\_ No

Identify land disposal facilities receiving the BDAT certified wastes \_\_\_\_\_

- c. If waste is subject to nationwide variance (e.g., solvent-water mixtures less than 1%), extension (268.5) or petition (268.6) does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]? *N.A.*  
 \_\_\_ Yes \_\_\_ No

Handler Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

CommentsE. Storage of F-Solvent Waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG)?

\_\_\_ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit?

\_\_\_ Yes \_\_\_ No *N.A.*

If yes, TSD Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

*N.A.*

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

\_\_\_ Yes \_\_\_ No

If yes, list type of treatment unit and processes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.

ATTACHMENT D

GM Assembly Division-Leeds Plant  
Notification

August 12, 1980



# U.S. ENVIRONMENTAL PROTECTION AGENCY

## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS accompanying NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

MOD0000297929

I. NAME OF INSTALLATION

GM ASSEMBLY DIVISION - LEEDS PLANT.

II. INSTALLATION MAILING ADDRESS

6817 STADIUM DRIVE  
KANSAS CITY, MO 64129

III. LOCATION OF INSTALLATION

6817 STADIUM DRIVE  
KANSAS CITY, MO 64129

### FOR OFFICIAL USE ONLY

COMMENTS

HWHS

|                                                                                                                                          |  |  |  |  |  |  |  |  |  |          |  |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|----------|--|---------------------------------|--|
| INSTALLATION'S EPA I.D. NUMBER                                                                                                           |  |  |  |  |  |  |  |  |  | APPROVED |  | DATE RECEIVED (yr., mo., & day) |  |
| <div style="display: flex; justify-content: space-between;"> <span>13 14 15</span> <span>16</span> <span>17 18 19 20 21 22</span> </div> |  |  |  |  |  |  |  |  |  |          |  | 800815                          |  |

I. NAME OF INSTALLATION

CO-714-6368

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

6817 E. 37th Street

CITY OR TOWN

ST.

ZIP CODE

00-082-2668

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

PEMBERTON LARRY ENGINEER

913 281 7388

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

GENERAL MOTORS CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box):

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete Item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |   |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|---|
| S | W | M | C | D | O | O | C | B | 2  | 2  | 6  | 6  | 8  | 5  | 1 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |   |

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|                           |                           |                           |                            |                    |                    |
|---------------------------|---------------------------|---------------------------|----------------------------|--------------------|--------------------|
| 1<br>F003<br>23 - 26<br>7 | 2<br>F005<br>23 - 26<br>8 | 3<br>F908<br>23 - 26<br>9 | 4<br>F017<br>23 - 26<br>10 | 5<br>23 - 26<br>11 | 6<br>23 - 26<br>12 |
|---------------------------|---------------------------|---------------------------|----------------------------|--------------------|--------------------|

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|                                                 |                                                 |                                                 |                                                 |                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| 13<br>23 - 26<br>19<br>23 - 26<br>25<br>23 - 26 | 14<br>23 - 26<br>20<br>23 - 26<br>26<br>23 - 26 | 15<br>23 - 26<br>21<br>23 - 26<br>27<br>23 - 26 | 16<br>23 - 26<br>22<br>23 - 26<br>28<br>23 - 26 | 17<br>23 - 26<br>23<br>23 - 26<br>29<br>23 - 26 | 18<br>23 - 26<br>24<br>23 - 26<br>30<br>23 - 26 |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|                                                         |                                                         |                                                         |                                                         |                                                 |                                                 |
|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| 31<br>4220<br>23 - 26<br>37<br>23 - 26<br>43<br>23 - 26 | 32<br>4002<br>23 - 26<br>38<br>23 - 26<br>44<br>23 - 26 | 33<br>4123<br>23 - 26<br>39<br>23 - 26<br>45<br>23 - 26 | 34<br>4159<br>23 - 26<br>40<br>23 - 26<br>46<br>23 - 26 | 35<br>23 - 26<br>41<br>23 - 26<br>47<br>23 - 26 | 36<br>23 - 26<br>42<br>23 - 26<br>48<br>23 - 26 |
|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

|               |               |               |               |               |               |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49<br>23 - 26 | 50<br>23 - 26 | 51<br>23 - 26 | 52<br>23 - 26 | 53<br>23 - 26 | 54<br>23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

PLANT MANAGER

DATE SIGNED

8/12/80



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS accompanying NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

RECEIVED EPA  
3 01 PM '80

INSTALLATION'S EPA I.D. NO.

MOD0000297929

I. NAME OF INSTALLATION

GM ASSEMBLY DIVISION - LEEDS PLANT

II. INSTALLATION MAILING ADDRESS

6817 STADIUM DRIVE  
KANSAS CITY, MO 64129

III. LOCATION OF INSTALLATION

6817 STADIUM DRIVE  
KANSAS CITY, MO 64129

## FOR OFFICIAL USE ONLY

## COMMENTS

HWA'S

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., &amp; day)

F MOD000082266831

A

8 00 8 15

I. NAME OF INSTALLATION

GM ASSEMBLY DIVISION - LEEDS PLANT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

6817 STADIUM DRIVE

CITY OR TOWN

KANSAS CITY

ST.

ZIP CODE

MO 64129

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

6817 STADIUM DRIVE

CITY OR TOWN

KANSAS CITY

ST.

ZIP CODE

MO 64129

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PEMBERTON LARRY ENGINEER

PHONE NO. (area code &amp; no.)

913-281-7388

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

GENERAL MOTORS CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MOD000822668

INSTALLATION ADDRESS

GM ASSEMBLY DIVISION-LEEDS PLANT  
6817 STADIUM DRIVE  
KANSAS CITY

MO 64129

6817 STADIUM DRIVE  
KANSAS CITY

MO 64129



ATTACHMENT E

GM Assembly Division-Leeds Plant  
Records

# MATERIAL SAFETY DATA SHEET

DIVISION OF ASHLAND OIL, INC.  
P. O. BOX 2219, COLUMBUS, OHIO 43216 • (614) 889-3333  
24-HOUR EMERGENCY TELEPHONE (606) 324-1133



000349

SOLVENT 9981183

PAGE: 1

THIS MSDS COMPLIES WITH 29 CFR 1910.1200 (THE HAZARD COMMUNICATION STANDARD)

PRODUCT NAME: SOLVENT 9981183

GENERAL MOTORS  
LEEDS PLANT  
6817 STADIUM DRIVE  
KANSAS CITY MO 64129

05 50 015 3601880-  
DATA SHEET NO: 0186394-001  
LATEST REVISION DATE: 08/85-85226  
PRODUCT: 2917215  
INVOICE: 551034  
INVOICE DATE: 09/03/85  
TO: SAME

ATTN: PLANT MGR./SAFETY DIR.

## SECTION I-PRODUCT IDENTIFICATION

GENERAL OR GENERIC ID: SOLVENT BLEND

HAZARD CLASSIFICATION: (03) FLAMMABLE LIQUID (173.115)

## SECTION II-HAZARDOUS COMPONENTS

| INGREDIENT               | % (BY VOL) | PEL | TLV            | NOTE  |
|--------------------------|------------|-----|----------------|-------|
| AROMATIC HYDROCARBON *   | 30-60      | 200 | 100 PPM - SKIN | ( 1 ) |
| ALIPHATIC HYDROCARBONS * | 30-60      | 500 | 300 PPM        | ( 2 ) |

( 1 ): SKIN ABSORPTION MAY POTENTIALLY CONTRIBUTE TO THE OVERALL EXPOSURE TO THIS MATERIAL. APPROPRIATE MEASURES SHOULD BE TAKEN TO PREVENT ABSORPTION SO THAT THE TLV IS NOT INVALIDATED.

( 2 ): NIOSH RECOMMENDS A LIMIT OF 350 MG/CUM - 8 HOUR TIME WEIGHTED AVERAGE, 1800 MG/CUM AS DETERMINED BY A 15 MINUTE SAMPLE.

\*THE SPECIFIC CHEMICAL IDENTITY HAS BEEN WITHHELD AS A TRADE SECRET.

## SECTION III-PHYSICAL DATA

| PROPERTY              | REFINEMENT              | MEASUREMENT                                       |
|-----------------------|-------------------------|---------------------------------------------------|
| INITIAL BOILING POINT | FOR COMPONENT (30-60 %) | ( 232.00 DEG F<br>111.11 DEG C )<br>@ 760.00 MMHG |
| VAPOR PRESSURE        | FOR COMPONENT (30-60 %) | @ 22.00 MMHG<br>( 68.00 DEG F<br>20.00 DEG C )    |
| VAPOR DENSITY         |                         | HEAVIER THAN AIR                                  |
| SPECIFIC GRAVITY      |                         | LESS THAN WATER                                   |
| PERCENT VOLATILES     |                         | 100.00%                                           |
| EVAPORATION RATE      |                         | SLOWER THAN ETHER                                 |

## SECTION IV-FIRE AND EXPLOSION DATA

FLASH POINT (TCC ) 20.00 - 99.00 DEG F  
( -6.66 - 37.22 DEG C )

EXPLOSIVE LIMIT (LOWEST VALUE OF COMPONENT) LOWER - .9%

EXTINGUISHING MEDIA: REGULAR FOAM OR WATER FOG OR CARBON DIOXIDE OR DRY CHEMICAL

HAZARDOUS DECOMPOSITION PRODUCTS: MAY FORM TOXIC MATERIALS: CARBON DIOXIDE AND CARBON MONOXIDE, VARIOUS HYDROCARBONS, ETC.

SPECIAL FIREFIGHTING PROCEDURES: WEAR SELF-CONTAINED BREATHING APPARATUS WITH A FULL FACEPIECE OPERATED IN PRESSURE-DEMAND OR OTHER POSITIVE PRESSURE MODE WHEN FIGHTING FIRES.

UNUSUAL FIRE & EXPLOSION HAZARDS: NEVER USE WELDING OR CUTTING TORCH ON OR NEAR DRUM (EVEN EMPTY) BECAUSE PRODUCT (EVEN JUST RESIDUE) CAN IGNITE EXPLOSIVELY.

ALL FIVE GALLON PAILS AND LARGER METAL CONTAINERS SHOULD BE GROUNDED AND/OR BONDED WHEN MATERIAL IS TRANSFERRED.  
VAPORS ARE HEAVIER THAN AIR AND MAY TRAVEL ALONG THE GROUND OR MAY BE MOVED BY VENTILATION AND IGNITED BY PILOT LIGHTS, OTHER FLAMES, SPARKS, HEATERS, SMOKING, ELECTRIC MOTORS, STATIC DISCHARGE, OR OTHER IGNITION SOURCES AT LOCATIONS DISTANT FROM MATERIAL HANDLING POINT.

## SECTION V-HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LEVEL: NOT ESTABLISHED FOR PRODUCT; SEE SECTION II AND SECTION IX.

**MATERIAL SAFETY  
DATA SHEET**

24-HOUR EMERGENCY TELEPHONE (606) 324-1133

000349

SOLVENT 9981183

PAGE: 2

-----  
SECTION V-HEALTH HAZARD DATA (CONTINUED)  
-----EFFECTS OF OVEREXPOSURE: FOR PRODUCT  
-----

EYES - CAUSES IRRITATION, REDNESS, TEARING.  
SKIN - PROLONGED OR REPEATED CONTACT CAN CAUSE MODERATE IRRITATION, DEFATTING, DERMATITIS.  
BREATHING - EXCESSIVE INHALATION OF VAPORS CAN CAUSE NASAL AND RESPIRATORY IRRITATION, DIZZINESS, WEAKNESS, FATIGUE, NAUSEA, HEADACHE, POSSIBLE UNCONSCIOUSNESS, AND EVEN ASPHYXIATION.  
SWALLOWING - CAN CAUSE GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, AND DIARRHEA.

FIRST AID:  
-----

IF ON SKIN: THOROUGHLY WASH EXPOSED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING. LAUNDRY CONTAMINATED CLOTHING BEFORE RE-USE.  
IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER, LIFTING UPPER AND LOWER LIDS OCCASIONALLY, GET MEDICAL ATTENTION.  
IF SWALLOWED: DO NOT INDUCE VOMITING, KEEP PERSON WARM, QUIET, AND GET MEDICAL ATTENTION. ASPIRATION OF MATERIAL INTO THE LUNGS DUE TO VOMITING CAN CAUSE CHEMICAL PNEUMONITIS WHICH CAN BE FATAL.  
IF BREATHED: IF AFFECTED, REMOVE INDIVIDUAL TO FRESH AIR. IF BREATHING IS DIFFICULT, ADMINISTER OXYGEN. IF BREATHING HAS STOPPED GIVE ARTIFICIAL RESPIRATION. KEEP PERSON WARM, QUIET AND GET MEDICAL ATTENTION.

PRIMARY ROUTE(S) OF ENTRY:  
-----

INHALATION  
SKIN ABSORPTION  
SKIN CONTACT

-----  
SECTION VI-REACTIVITY DATA  
-----

HAZARDOUS POLYMERIZATION: CANNOT OCCUR  
STABILITY: STABLE  
INCOMPATIBILITY: AVOID CONTACT WITH: , STRONG OXIDIZING AGENTS.

-----  
SECTION VII-SPILL OR LEAK PROCEDURES  
-----STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:  
-----

SMALL SPILL: ABSORB LIQUID ON PAPER, VERMICULITE, FLOOR ABSORBENT OR OTHER ABSORBENT MATERIAL.  
LARGE SPILL: ELIMINATE ALL IGNITION SOURCES (FLARES, FLAMES INCLUDING PILOT LIGHTS, ELECTRICAL SPARKS). PERSONS NOT WEARING PROTECTIVE EQUIPMENT SHOULD BE EXCLUDED FROM AREA OF SPILL UNTIL CLEAN-UP HAS BEEN COMPLETED. STOP SPILL AT SOURCE, DIKE AREA OF SPILL TO PREVENT SPREADING, PUMP LIQUID TO SALVAGE TANK. REMAINING LIQUID MAY BE TAKEN UP ON SAND, CLAY, EARTH, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND SHOVELED INTO CONTAINERS. PREVENT RUN-OFF TO SEWERS, STREAMS OR OTHER BODIES OF WATER. IF RUN-OFF OCCURS, NOTIFY PROPER AUTHORITIES AS REQUIRED, THAT A SPILL HAS OCCURRED.

WASTE DISPOSAL METHOD:  
-----

SMALL SPILL: DISPOSE OF IN ACCORDANCE WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS.  
LARGE SPILL: DISPOSE OF IN ACCORDANCE WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS.

-----  
SECTION VIII-PROTECTIVE EQUIPMENT TO BE USED  
-----

RESPIRATORY PROTECTION: IF TLV OF THE PRODUCT OR ANY COMPONENT IS EXCEEDED, A NIOSH/MSHA JOINTLY APPROVED AIR SUPPLIED RESPIRATOR IS ADVISED IN ABSENCE OF PROPER ENVIRONMENTAL CONTROL. OSHA REGULATIONS ALSO PERMIT OTHER NIOSH/MSHA RESPIRATORS UNDER SPECIFIED CONDITIONS. (SEE YOUR SAFETY EQUIPMENT SUPPLIER). ENGINEERING OR ADMINISTRATIVE CONTROLS SHOULD BE IMPLEMENTED TO REDUCE EXPOSURE.  
VENTILATION: PROVIDE SUFFICIENT MECHANICAL (GENERAL AND/OR LOCAL EXHAUST) VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S).  
PROTECTIVE GLOVES: WEAR RESISTANT GLOVES SUCH AS: , NITRILE RUBBER  
EYE PROTECTION: CHEMICAL SPLASH GOGGLES IN COMPLIANCE WITH OSHA REGULATIONS ARE ADVISED; HOWEVER, OSHA REGULATIONS ALSO PERMIT OTHER TYPE SAFETY GLASSES. (CONSULT YOUR SAFETY EQUIPMENT SUPPLIER)  
OTHER PROTECTIVE EQUIPMENT: TO PREVENT REPEATED OR PROLONGED SKIN CONTACT, WEAR IMPERVIOUS CLOTHING AND BOOTS.

-----  
SECTION IX-SPECIAL PRECAUTIONS OR OTHER COMMENTS  
-----

**MATERIAL SAFETY  
DATA SHEET**

24-HOUR EMERGENCY TELEPHONE (606) 324-1133

000349

SOLVENT 99B1183

PAGE: 3

-----  
SECTION IX-SPECIAL PRECAUTIONS OR OTHER COMMENTS (CONTINUED)  
-----

CONTAINERS OF THIS MATERIAL MAY BE HAZARDOUS WHEN EMPTIED. SINCE EMPTIED  
CONTAINERS RETAIN PRODUCT RESIDUES (VAPOR, LIQUID, AND/OR SOLID), ALL  
HAZARD PRECAUTIONS GIVEN IN THIS DATASHEET MUST BE OBSERVED.

OVEREXPOSURE TO COMPONENTS HAS APPARENTLY BEEN FOUND TO CAUSE THE FOLLOWING  
EFFECTS IN LABORATORY ANIMALS: LIVER ABNORMALITIES, KIDNEY DAMAGE, LUNG  
DAMAGE, SPLEEN DAMAGE

OVEREXPOSURE TO COMPONENTS HAS BEEN SUGGESTED AS A CAUSE OF THE FOLLOWING  
EFFECTS IN HUMANS: LIVER ABNORMALITIES

THE INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT  
WARRANTED TO BE WHETHER ORIGINATING WITH ASHLAND OR NOT. RECIPIENTS ARE  
ADVISED TO CONFIRM IN ADVANCE OF NEED THAT THE INFORMATION IS CURRENT,  
APPLICABLE, AND SUITABLE TO THEIR CIRCUMSTANCES.

Attn: Andy Johnson  
EXXON COMPANY, U.S.A.  
DIVISION OF EXXON CORPORATION

Chem Central  
Product  
TOLUENE

Form No. OS-1A-20  
8/10/79

Supersedes issue  
of 8/1/77

Clean  
Methane  
Surge Thinner  
U.S. DEPARTMENT OF LABOR  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
MATERIAL SAFETY DATA SHEET

SECTION I

|                                                                                          |                                          |                                           |
|------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|
| MANUFACTURER'S NAME<br>Exxon Company, U.S.A.                                             |                                          | EMERGENCY TELEPHONE NO.<br>(713) 656-3424 |
| ADDRESS (Number, Street, City, State and ZIP Code)<br>P.O. Box 2180 Houston, Texas 77001 |                                          |                                           |
| CHEMICAL NAME AND SYNONYMS<br>Toluene                                                    | TRADE NAME AND SYNONYMS<br>TOLUENE       |                                           |
| CHEMICAL FAMILY<br>Petroleum Hydrocarbon                                                 | FORMULA<br>C <sub>7</sub> H <sub>8</sub> |                                           |

SECTION II HAZARDOUS INGREDIENTS

|          | %   | TLV (UNITS) |
|----------|-----|-------------|
| SOLVENTS | 100 | 100 ppm     |

SECTION III PHYSICAL DATA

|                                         |             |                                                       |      |
|-----------------------------------------|-------------|-------------------------------------------------------|------|
| OILING RANGE<br>IBP-Dry Pt. (230-232°F) | 110.2-111°C | SPECIFIC GRAVITY (H <sub>2</sub> O=1)<br>15.6°/15.6°C | 0.87 |
| APOR PRESSURE (mm Hg.)<br>@25°C         | 54          | PERCENT VOLATILE<br>BY VOLUME (%)                     | 100  |
| APOR DENSITY (AIR=1)                    | 3.2         | EVAPORATION RATE<br>(n-BUTYL ACETATE=1)               | 1.8  |
| SOLUBILITY IN WATER                     | Negligible  |                                                       |      |

APPEARANCE AND ODOR

Water-white liquid. Aromatic hydrocarbon odor.

SECTION IV FIRE AND EXPLOSION HAZARD DATA

|                                                          |                                                                |                     |                     |
|----------------------------------------------------------|----------------------------------------------------------------|---------------------|---------------------|
| FLASH POINT (Method Used)<br>Tag Closed Cup ~7°C (~45°F) | FLAMMABLE OR EXPLOSIVE<br>LIMITS<br>(PERCENT BY VOLUME IN AIR) | LOWER LIMIT<br>1.2% | UPPER LIMIT<br>7.0% |
|----------------------------------------------------------|----------------------------------------------------------------|---------------------|---------------------|

EXTINGUISHING MEDIA  
Foam, dry chemical, CO<sub>2</sub>, water spray or fog.

SPECIAL FIRE FIGHTING PROCEDURES

Use air-supplied rescue equipment for enclosed areas.  
Cool exposed containers with water spray. Avoid breathing vapor or fumes.

USUAL FIRE AND EXPLOSION HAZARDS

Do not mix or store with strong oxidants like liquid chlorine or concentrated oxygen.

FLAMMABLE LIQUID

## SECTION V HEALTH HAZARD DATA

### THRESHOLD LIMIT VALUE

100 ppm for 8 hour workday.

### EFFECTS OF OVEREXPOSURE

Inhalation of high vapor concentrations may have results ranging from dizziness and headaches to unconsciousness. Prolonged or repeated liquid contact with the skin will dry and defat the skin, leading to irritation and dermatitis.

### EMERGENCY AND FIRST AID PROCEDURES

If overcome by vapor, remove from exposure immediately; call a Physician. If breathing is irregular or stopped, start resuscitation, administer oxygen. If ingested, DO NOT induce vomiting; call a Physician. In case of skin contact, remove any contaminated clothing, and wash skin with soap and warm water. If splashed into the eyes, flush eyes with clear water for 15 minutes or until irritation subsides.

## SECTION VI REACTIVITY DATA

| STABILITY | UNSTABLE | CONDITIONS TO AVOID |
|-----------|----------|---------------------|
|           | STABLE   |                     |
|           | X        |                     |

INCOMPATIBILITY (Materials to avoid)  
Strong oxidants like: liquid chlorine, concentrated oxygen, sodium or calcium hypochlorite.

HAZARDOUS DECOMPOSITION PRODUCTS  
Fumes, smoke and carbon monoxide, in the case of incomplete combustion.

| HAZARDOUS POLYMERIZATION | MAY OCCUR      | CONDITIONS TO AVOID |
|--------------------------|----------------|---------------------|
|                          | WILL NOT OCCUR |                     |
|                          | X              |                     |

## SECTION VII SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED Remove all ignition sources. Keep people away. Recover free liquid. Add absorbent (sand, earth, sawdust, etc.) to spill area. Avoid breathing vapors. Ventilate confined spaces. Open all windows and doors. Keep petroleum products out of sewers and watercourses by diking or impounding. Advise authorities if product has entered or may enter sewers, watercourses, or extensive land areas.

### WASTE DISPOSAL METHOD

Assure conformity with applicable disposal regulations. Dispose of absorbed material at an approved disposal site or facility.

## SECTION VIII SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type) Use hydrocarbon vapor canister or supplied-air respiratory protection in confined or enclosed spaces if needed.

| VENTILATION                | LOCAL EXHAUST                                                                                         | SPECIAL                                                                      |
|----------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
|                            | MECHANICAL (General)                                                                                  | OTHER                                                                        |
|                            | Face velocity > 60 fpm                                                                                | Use only with adequate* ventilation.                                         |
|                            | Use explosion-proof equipment                                                                         | No smoking or open lights.                                                   |
| PROTECTIVE GLOVES          | Use chemical-resistant gloves, if needed to avoid repeated or prolonged skin contact                  | EYE PROTECTION Use splash goggles or face shield when eye contact may occur. |
| OTHER PROTECTIVE EQUIPMENT | Use chemical-resistant apron or other clothing if needed to avoid repeated or prolonged skin contact. |                                                                              |

## SECTION IX SPECIAL PRECAUTIONS

### PRECAUTIONS TO BE TAKEN IN HANDLING & STORING

Keep containers closed when not in use. Do not handle or store near heat, sparks, flame or strong oxidants. Adequate\* ventilation required.

\* Adequate means equivalent to outdoors.

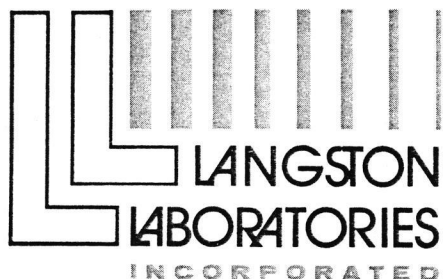
OTHER PRECAUTIONS Avoid breathing vapors. Avoid prolonged or repeated contact with skin. Remove contaminated clothing, launder before reuse. Remove contaminated shoes and thoroughly dry before reuse. Wash skin thoroughly with soap and water after contact.

FOR ADDITIONAL INFORMATION ON HEALTH EFFECTS CONTACT:

Director of Industrial Hygiene  
 (713) 656-2443

FOR OTHER PRODUCT INFORMATION CONTACT:

Manager, Marketing Technical Services  
 (713) 656-2443



RESEARCH • DEVELOPMENT • TESTING

CLIENT: General Motors Corporation  
6817 Stadium Drive  
Kansas City, MO 64129  
ATTN: Mr. L. Pemberton  
RECEIVED: May 20, 1985 (8:15 am)  
COMPLETED: July 19, 1985  
LLI NO.: 85-5988  
P. O. NO.: LE 24053

Sample Description: Liquid


Sample  
Identification

Waste Thinner

Analysis

Results

|                    |                                      |
|--------------------|--------------------------------------|
| BTU/lb             | 18,000 BTU/lb                        |
| Organic Chloride   | 2,300 mg/kg                          |
| Ash                | 0.08%                                |
| Physical State     | Liquid                               |
| Appearance         | Black w/Silver<br>Metallic Part      |
| Odor               | Aromatic & Aliphatic<br>Hydrocarbons |
| Water Solubility   | < 10%                                |
| Specific Gravity   | 0.851                                |
| Vapor Pressure     | 0.6 psi                              |
| Volatiles at 100°C | 88.80%                               |
| Volatiles at 600°C | 99.92%                               |
| Boiling Point      | 79°C                                 |
| pH                 | 3.2                                  |
| Flash Point        | 40°F                                 |
| Cyanide            | < 0.10 mg/kg                         |
| Sulfide            | < 2 mg/kg                            |
| Phenols            | 77 mg/kg                             |

Approved: 

Alan Kerschen  
Vice President

"Total Cyanides" per Lab Analysis 9/15/86



Sample Description: Liquid

| <u>Sample<br/>Identification</u> | <u>Analysis</u> | <u>Results</u>  |
|----------------------------------|-----------------|-----------------|
| Waste Thinner                    | EP Toxicity     |                 |
|                                  | Arsenic         | < 1.0 mg/liter  |
|                                  | Barium          | < 5.0 mg/liter  |
|                                  | Cadmium         | < 0.2 mg/liter  |
|                                  | Chromium        | < 1.0 mg/liter  |
|                                  | Lead            | 2.1 mg/liter    |
|                                  | Mercury         | < 0.05 mg/liter |
|                                  | Selenium        | < 1.0 mg/liter  |
|                                  | Silver          | < 1.0 mg/liter  |



Industrial Waste Division  
Oklahoma State Department of Health  
P.O. Box 53551  
Oklahoma City, Oklahoma 73152  
(405) 271-5338

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Form Approved. OMB No. 2000-0404. Expires 7-31-86

| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1. Generator's US EPA ID No.<br>M O D 0 0 0 8 2 2 6 6 8 | Manifest Document No.<br>0674 | 2. Page 1 of 1                                                                                                                                            | Information in the shaded areas is not required by Federal law. |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|
| 3. Generator's Name and Mailing Address<br><b>GENERAL MOTORS ASSEMBLY DIVISION - LEEDS PLANT</b><br><b>6827 STADIUM DRIVE, KANSAS CITY, MO 64129</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                         |                               | A.State Manifest Document Number (Okla.)<br><b>8297</b>                                                                                                   |                                                                 |                                              |
| 4. Generator's Phone ( 913 ) 281-7388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                         |                               | B.State Generator's ID (Okla.)<br><b>82018</b>                                                                                                            |                                                                 |                                              |
| 5. Transporter 1 Company Name<br><b>U.S. POLLUTION CONTROL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 6. US EPA ID Number<br><b>OKD98151447</b>               |                               | C.State Transporter's ID (Okla.)<br><b>2004</b>                                                                                                           |                                                                 |                                              |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 8. US EPA ID Number                                     |                               | D.Transporter's Phone<br><b>405-324-5011</b>                                                                                                              |                                                                 |                                              |
| 9. Designated Facility Name and Site Address<br><b>HYDROCARBON RECYCLERS, INC.</b><br><b>5354 WEST 46th STREET</b><br><b>TULSA, OK. 74107</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. US EPA ID Number<br><b>OKD000632737</b>             |                               | E.State Transporter's ID (Okla.)<br>F.Transporter's Phone<br>G.State Facility's ID (Okla.)<br><b>RR72001</b><br>H.Facility's Phone<br><b>918-446-7434</b> |                                                                 |                                              |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                         |                               | 12. Containers                                                                                                                                            | 13. Total Quantity                                              | 14. Unit                                     |
| a. <b>X</b> <b>WASTE FLAMMABLE LIQUID, N.O.S.</b><br><b>FLAMMABLE LIQUID, UN 1993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                         |                               | No. <b>1</b>                                                                                                                                              | Type <b>TT</b>                                                  | Quantity <b>06000</b>                        |
| b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |                               |                                                                                                                                                           |                                                                 |                                              |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |                               |                                                                                                                                                           |                                                                 |                                              |
| d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |                               |                                                                                                                                                           |                                                                 |                                              |
| J. Additional Descriptions for Materials Listed Above<br><b>WASTE PURGE THINNER</b><br><b>MO. WASTESTREAM I.D. #002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                         |                               | K.Handling Codes for Wastes Listed Above                                                                                                                  |                                                                 |                                              |
| 15. Special Handling Instructions and Additional Information <b>IF MATERIAL UNDELIVERABLE RETURN TO GENERATOR</b><br><b>IN CASE OF SPILL, DIKE AND CONTAIN. NOTIFY GENERATOR</b> <b>MO. TRANS. #H-1024</b><br><b>IF ACCIDENTLY DISCHARGED IN ENVIRONMENT, ASSUME RQ=1LB.</b> <b>MO. GEN. #01486</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                         |                               |                                                                                                                                                           |                                                                 |                                              |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. |  |                                                         |                               |                                                                                                                                                           |                                                                 |                                              |
| Printed/Typed Name<br><b>Terry Walz</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                         |                               | Signature<br><i>Terry Walz</i>                                                                                                                            |                                                                 | Date<br>Month Day Year<br><b>1 0 3 1 8 6</b> |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                         |                               | Date                                                                                                                                                      |                                                                 |                                              |
| Printed/Typed Name<br><b>Dee Smith</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                         |                               | Signature<br><i>Dee Smith</i>                                                                                                                             |                                                                 | Month Day Year<br><b>1 0 3 1 8 6</b>         |
| 18. Transporter 2 Acknowledgement or Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                         |                               | Date                                                                                                                                                      |                                                                 |                                              |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |                               | Signature                                                                                                                                                 |                                                                 | Month Day Year                               |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                         |                               |                                                                                                                                                           |                                                                 |                                              |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                         |                               |                                                                                                                                                           |                                                                 |                                              |
| Printed/Typed Name<br><b>MIKE HAYTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                         |                               | Signature<br><i>Mike Hayter</i>                                                                                                                           |                                                                 | Date<br>Month Day Year<br><b>1 0 3 1 8 6</b> |





Industrial Waste Division  
Oklahoma State Department of Health  
P.O. Box 53551  
Oklahoma City, Oklahoma 73152  
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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

10 D 0 0 0 8 2 2 6 6 8

Manifest  
Document No.  
737

2. Page 1  
of 1

Information in the shaded areas  
is not required by Federal  
law.

3. Generator's Name and Mailing Address

GENERAL MOTORS ASSEMBLY DIVISION- LEEDS PLANT  
6817 STADIUM DRIVE, KANSAS CITY, MO 64129

4. Generator's Phone ( 913 ) 281-7386 or 7440

5. Transporter 1 Company Name

U.S. POLLUTION CONTROL, INC.

6. US EPA ID Number

10 K D 9 8 1 5 1 4 4 7 4

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

HYDROCARBON RECYCLERS, INC.  
5354 WEST 46th STREET  
TULSA, OK 74107

10. US EPA ID Number

0 K D 0 0 0 6 3 2 7 3 7

A.State Manifest Document Number (Okla.)

8364

B.State Generator's ID (Okla.)

82018

C.State Transporter's ID (Okla.)

2004

D.Transporter's Phone 405-324-5011

E.State Transporter's ID (Okla.)

F.Transporter's Phone

G.State Facility's ID (Okla.)

RR72001

H.Facility's Phone

918-446-7434

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM

a. X "RQ" WASTE FLAMMABLE LIQUID, NOS;  
FLAMMABLE LIQUID; UN 1993; (D001 & F005)

12.Containers

No.

Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

1.  
Waste No.

1

TT

1/200  
6000

G

Okla. 104110

EPA  
D001-F005

Okla.

EPA

Okla.

EPA

Okla.

EPA

J. Additional Descriptions for Materials Listed Above

WASTE PURGE THINNER  
MO. WASTESTREAM I.D. #002

K.Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

IF MATERIAL UNDELIVERABLE RETURN TO GENERATOR.

IN CASE OF SPILL, DIKE AND CONTAIN; NOTIFY GENERATOR.

MO. TRANS. #H-1024

IF ACCIDENTLY DISCHARGED IN ENVIRONMENT. ASSUME RC-119.

MO. GEN. #01486

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JACK L. STILL

Signature

Jack L. Still

Month Day Year

07 22 087

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Dee Smith

Signature

Dee Smith

Month Day Year

07 20 87

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

JAMES FLEMING

Signature

James Fleming

Month Day Year

07 20 87





Industrial Waste Division  
Oklahoma State Department of Health  
P.O. Box 53551  
Oklahoma City, Oklahoma 73152  
(405) 271-5338

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

10 D 0 0 0 8 2 2 6 6 8

Manifest Document No. 736

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

GENERAL MOTORS ASSEMBLY DIVISION- LEEDS PLANT  
6817 STADIUM DRIVE, KANSAS CITY, MO 64129

4. Generator's Phone ( 913 ) 281-7386 or 7440

5. Transporter 1 Company Name

U.S. POLLUTION CONTROL, INC.

6. US EPA ID Number

0-K-D-9-8-1-5-1-4-4-7-4

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

HYDROCARBON RECYCLERS, INC.

5354 WEST 46th STREET  
TULSA, OK 74107

10. US EPA ID Number

0-K-D-0-0-0-6-3-2-7-3-7

A. State Manifest Document Number (Okla.)

8362

B. State Generator's ID (Okla.)

82018

C. State Transporter's ID (Okla.)

2004

D. Transporter's Phone 405-324-5011

E. State Transporter's ID (Okla.)

F. Transporter's Phone

G. State Facility's ID (Okla.) RR/2001

H. Facility's Phone 918-446-7434

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM

a. X

"RQ" WASTE FLAMMABLE LIQUID, NOS;  
FLAMMABLE LIQUID; UN 1993; (D001 & F005)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

I. Waste No.

1

TT

6000

G

Okla. 104110

EPA D001-F005

Okla.

EPA

Okla.

EPA

Okla.

EPA

J. Additional Descriptions for Materials Listed Above

WASTE PURGE THINNER  
MO. WASTESTREAM I.D. #002

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

IF MATERIAL UNDELIVERABLE RETURN TO GENERATOR.

IN CASE OF SPILL, DIKE AND CONTAIN; NOTIFY GENERATOR.

MO. TRANS. #H-1024

IF ACCIDENTALLY DISCHARGED IN ENVIRONMENT, ASSUME RO-11B.

MO. GEN. #01486

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Jack L. Still

Signature

Jack L. Still

Month Day Year

10 7 11 7 18 7

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Dee Smith

Signature

Dee Smith

Date

Month Day Year

10 7 11 7 18 7

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

10 7 11 7 18 7

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

J.B. Richardson

Signature

J.B. Richardson

Date

Month Day Year

10 7 11 7 18 7





Industrial Waste Division  
Oklahoma State Department of Health  
P.O. Box 53551  
Oklahoma City, Oklahoma 73152  
(405) 271-5338

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| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 1. Generator's US EPA ID No.<br>10D000822668 | Manifest Document No.<br>733 | 2. Page 1 of 1                                    | Information in the shaded areas is not required by Federal law. |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|------------------------------|---------------------------------------------------|-----------------------------------------------------------------|-------------------------------|
| 3. Generator's Name and Mailing Address<br>GENERAL MOTORS ASSEMBLY DIVISION- LEEDS PLANT<br>6817 STADIUM DRIVE, KANSAS CITY, MO 64129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                              |                              | A. State Manifest Document Number (Okla.)<br>8359 |                                                                 |                               |
| 4. Generator's Phone ( 913 ) 281-7386 or 7440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |                              | B. State Generator's ID (Okla.)<br>82018          |                                                                 |                               |
| 5. Transporter 1 Company Name<br>U.S. POLLUTION CONTROL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |                              | C. State Transporter's ID (Okla.)<br>2004         |                                                                 |                               |
| 6. US EPA ID Number<br>DKD981514474                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |                              | D. Transporter's Phone<br>405-324-5011            |                                                                 |                               |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |                              | E. State Transporter's ID (Okla.)                 |                                                                 |                               |
| 8. US EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |                              | F. Transporter's Phone                            |                                                                 |                               |
| 9. Designated Facility Name and Site Address<br>HYDROCARBON RECYCLERS, INC.<br>5354 WEST 46th STREET<br>TULSA, OK 74107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |                              | G. State Facility's ID (Okla.)<br>RR72001         |                                                                 |                               |
| 10. US EPA ID Number<br>OKD000632737                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |                              | H. Facility's Phone<br>918-446-7434               |                                                                 |                               |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 12. Containers                               |                              | 13. Total Quantity                                | 14. Unit Wt/Vol                                                 | 15. Waste No.                 |
| a. HM<br>X "RQ" WASTE FLAMMABLE LIQUID, NOS;<br>FLAMMABLE LIQUID; UN 1993; (D001 & F005)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | No. Type<br>1 TT                             |                              | 6000                                              | G                                                               | Okla. 104110<br>EPA D001-F005 |
| b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                              |                              |                                                   |                                                                 | Okla.<br>EPA                  |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                              |                              |                                                   |                                                                 | Okla.<br>EPA                  |
| d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                              |                              |                                                   |                                                                 | Okla.<br>EPA                  |
| J. Additional Descriptions for Materials Listed Above<br>WASTE PURGE THINNER<br>MO. WASTESTREAM I.D. #002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                              |                              | K. Handling Codes for Wastes Listed Above         |                                                                 |                               |
| 15. Special Handling Instructions and Additional Information<br>IF MATERIAL UNDELIVERABLE RETURN TO GENERATOR.<br>IN CASE OF SPILL, DIKE AND CONTAIN; NOTIFY GENERATOR. MO. TRANS. #H-1024<br>IF ACCIDENTALLY DISCHARGED IN ENVIRONMENT, ASSUME RQ-1LD. MO. GEN. #01486                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                              |                              |                                                   |                                                                 |                               |
| GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |                                              |                              |                                                   |                                                                 |                               |
| Printed/Typed Name<br>Cindy Johnson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Signature<br>CINDY JOHNSON                   |                              | Month Day Year<br>06/07/87                        |                                                                 |                               |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Signature<br>Ken Silberzahn                  |                              | Date<br>06/07/87                                  |                                                                 |                               |
| 18. Transporter 2 Acknowledgement or Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Signature                                    |                              | Date                                              |                                                                 |                               |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Signature                                    |                              | Month Day Year                                    |                                                                 |                               |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |                              |                                                   |                                                                 |                               |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |                              |                                                   |                                                                 |                               |
| Printed/Typed Name<br>Leonard Hardison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature<br>Leonard Hardison                |                              | Date<br>07/17/87                                  |                                                                 |                               |





Industrial Waste Division  
Oklahoma State Department of Health  
P.O. Box 53551  
Oklahoma City, Oklahoma 73152  
(405) 271-5338

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Form Approved. OMB No. 2000-0404. Expires 7-31-86

| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   | 1. Generator's US EPA ID No.                  | Manifest Document No.                                                                                                   | 2. Page 1 of 1                                  | Information in the shaded areas is not required by Federal law. |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|
| 3. Generator's Name and Mailing Address<br>GENERAL MOTORS ASSEMBLY DIVISION- LEEDS PLANT<br>6817 STADIUM DRIVE, KANSAS CITY, MO 64129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   | 4. Generator's Phone ( 913 ) 281-7386 or 7440 | 5. Transporter 1 Company Name<br>U.S. POLLUTION CONTROL, INC.                                                           | 6. US EPA ID Number<br>D K D 9 8 1 5 1 4 4 7 4  | A. State Manifest Document Number (Okla.)<br>8360               | B. State Generator's ID (Okla.)<br>82018 |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                   | 8. US EPA ID Number                           | 9. Designated Facility Name and Site Address<br>HYDROCARBON RECYCLERS, INC.<br>5354 WEST 46th STREET<br>TULSA, OK 74107 | 10. US EPA ID Number<br>O K D 0 0 0 6 3 2 7 3 7 | C. State Transporter's ID (Okla.)<br>2004                       | D. Transporter's Phone<br>405-324-5011   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                   | 12. Containers                                | 13. Total Quantity                                                                                                      | 14. Unit                                        | I. Waste No.                                                    |                                          |
| a. HM<br>X "RQ" WASTE FLAMMABLE LIQUID, NOS;<br>FLAMMABLE LIQUID; UN 1993; (D001 & F005)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   | No. Type<br>1 T                               | 6000                                                                                                                    | G                                               | Okla. 104110<br>EPA D001-F005                                   |                                          |
| b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                               |                                                                                                                         |                                                 | Okla.<br>EPA                                                    |                                          |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                               |                                                                                                                         |                                                 | Okla.<br>EPA                                                    |                                          |
| d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                               |                                                                                                                         |                                                 | Okla.<br>EPA                                                    |                                          |
| J. Additional Descriptions for Materials Listed Above<br>WASTE PURGE THINNER<br>MO. WASTESTREAM I.D. #002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |                                               |                                                                                                                         | K. Handling Codes for Wastes Listed Above       |                                                                 |                                          |
| 15. Special Handling Instructions and Additional Information<br>IF MATERIAL UNDELIVERABLE RETURN TO GENERATOR.<br>IN CASE OF SPILL, DIKE AND CONTAIN; NOTIFY GENERATOR. MO. TRANS. #H-1024<br>IF ACCIDENTILY DISCHARGED IN ENVIRONMENT, ASSUME RQ=1LB. MO. GEN. #01486                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |                                               |                                                                                                                         |                                                 |                                                                 |                                          |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |                                                                                                                                                                                                                                   |                                               |                                                                                                                         |                                                 |                                                                 |                                          |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                         |                                               | Signature<br>Cindy Johnson                                                                                              |                                                 | Month Day Year<br>10 10 87                                      |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Printed/Typed Name<br>Mike Isbell                                                                                                                                                                                                 |                                               | Signature<br>Mike Isbell                                                                                                |                                                 | Month Day Year<br>10 10 87                                      |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18. Transporter 2 Acknowledgement or Receipt of Materials                                                                                                                                                                         |                                               | Signature                                                                                                               |                                                 | Month Day Year                                                  |                                          |
| FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 19. Discrepancy Indication Space                                                                                                                                                                                                  |                                               |                                                                                                                         |                                                 |                                                                 |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name<br>JOE REEVES<br>Signature<br>Joe Reeves<br>Month Day Year<br>17 17 87 |                                               |                                                                                                                         |                                                 |                                                                 |                                          |





Industrial Waste Division  
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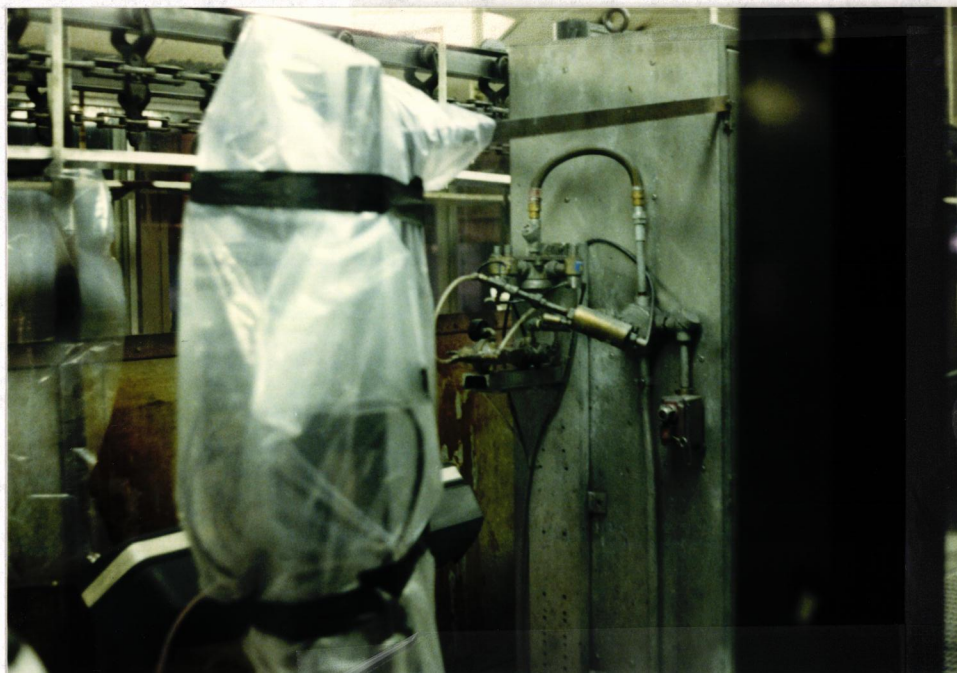
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1. Generator's US EPA ID No.                   | Manifest Document No. | 2. Page 1 of 1                                                                                                                                  | Information in the shaded areas is not required by Federal law. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 3. Generator's Name and Mailing Address<br>GENERAL MOTORS ASSEMBLY DIVISION- LEEDS PLANT<br>6817 STADIUM DRIVE, KANSAS CITY, MO 64129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 10 D 0 0 0 8 2 2 6 6 8                         |                       | A. State Manifest Document Number (Okla.)<br>8368                                                                                               |                                                                 |
| 4. Generator's Phone ( 913 ) 281-7386 or 7440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 6. US EPA ID Number<br>OK D 9 8 1 5 1 4 4 7 4  |                       | B. State Generator's ID (Okla.)<br>82018                                                                                                        |                                                                 |
| 5. Transporter 1 Company Name<br>U.S. POLLUTION CONTROL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 8. US EPA ID Number                            |                       | C. State Transporter's ID (Okla.)<br>2004                                                                                                       |                                                                 |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. US EPA ID Number<br>OK D 0 0 0 6 3 2 7 3 7 |                       | D. Transporter's Phone<br>405-324-5011                                                                                                          |                                                                 |
| 9. Designated Facility Name and Site Address<br>HYDROCARBON RECYCLERS, INC.<br>5354 WEST 46th STREET<br>TULSA, OK 74107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                |                       | E. State Transporter's ID (Okla.)<br>F. Transporter's Phone<br>G. State Facility's ID (Okla.)<br>RR72001<br>H. Facility's Phone<br>918-446-7434 |                                                                 |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 12. Containers                                 |                       | 13. Total Quantity                                                                                                                              | 14. Unit Wt/Vol                                                 |
| a. HM<br>X "RQ" WASTE FLAMMABLE LIQUID, NOS;<br>FLAMMABLE LIQUID; UN 1993; (D001 & F005)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | No. Type<br>1 TT                               |                       | 4500                                                                                                                                            | G                                                               |
| b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                |                       |                                                                                                                                                 |                                                                 |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                |                       |                                                                                                                                                 |                                                                 |
| d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                |                       |                                                                                                                                                 |                                                                 |
| J. Additional Descriptions for Materials Listed Above<br>WASTE PURGE THINNER<br>MO. WASTESTREAM I.D. #002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | K. Handling Codes for Wastes Listed Above      |                       |                                                                                                                                                 |                                                                 |
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| Printed/Typed Name<br>Cindy Johnson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Signature<br>Cindy Johnson                     |                       | Date<br>Month Day Year<br>08 07 87                                                                                                              |                                                                 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                |                       |                                                                                                                                                 |                                                                 |
| Printed/Typed Name<br>Dee Smith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Signature<br>Dee Smith                         |                       | Date<br>Month Day Year<br>08 07 87                                                                                                              |                                                                 |
| 18. Transporter 2 Acknowledgement or Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                |                       |                                                                                                                                                 |                                                                 |
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Signature                                      |                       | Date<br>Month Day Year                                                                                                                          |                                                                 |
| 19. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                |                       |                                                                                                                                                 |                                                                 |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                |                       |                                                                                                                                                 |                                                                 |
| Printed/Typed Name<br>Doyle BACON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Signature<br>Doyle Bacon                       |                       | Date<br>Month Day Year<br>18 17 87                                                                                                              |                                                                 |



ATTACHMENT F

GM Assembly Division-Leeds Plant

Photographs



PHOTOGRAPH # 1  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: Top coat paint booth. Towards the right of the photograph is the paint gun.

Location: GM Assembly Division - Leeds Plant

Date: 9/2/87

Time: 1030

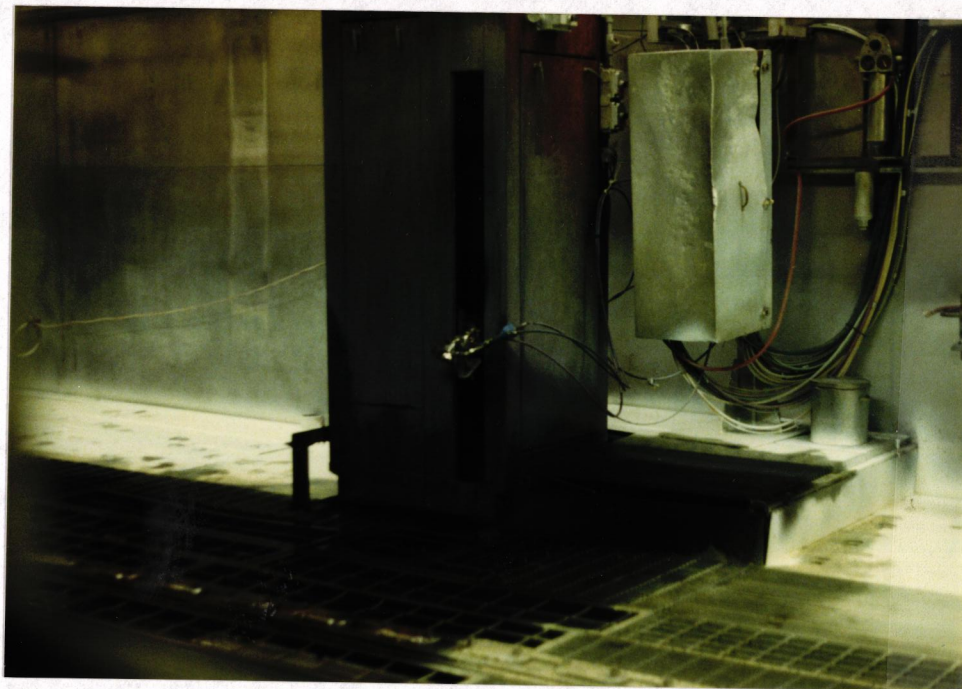
Photographer: Edward Clement

Film: Kodacolor, 400 ASA

File No. 05-B-412-00

Witness: Carla Rellergert





PHOTOGRAPH # 2  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: Urethane paint booth. The paint gun is in the center of the photograph. The grated drain in the floor catches the paint overspray. This paint booth paints the bumpers and other plastic parts of the automobile.

Date: 9/2/87

Time: 1040

Photographer: Edward Clement

Film: Kodocalor, ASA 400

File No. 05-B-412-00

Witness: Carla Rellergert





PHOTOGRAPH # 3  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: South end of underground storage tank that contains waste solvent.

Location: GM Assembly Division - Leeds Plant

Date: 9/2/87

Time: 1050

Photographer: Edward Clement

Film: Kodacolor, 400 ASA

File No. 05-B-412-00

Witness: Carla Rellergert





PHOTOGRAPH # 4  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: North end of underground storage tank that contains waste solvent.

Location: GM Assembly Division - Leeds Plant

Date: 9/2/87

Time: 1050

Photographer: Edward Clement

Film: Kodacolor, ASA 400

File No. 05-B-412-00

Witness: Carla Rellergert





PHOTOGRAPH # 5  
OFFICIAL PHOTOGRAPH  
JACOBS ENGINEERING GROUP

Subject: Miscellaneous solvent waste storage area. The F - listed drums will be stored to the right of the drums currently stored in the accumulation area.  
Location: GM Assembly Division - Leeds Plant

Date: 9/2/87

Time: 1100

Photographer: Edward Clement

Film: Kodacolor, ASA 400

File No. 05-B-412-00

Witness: Carla Rellergert



## JACOBS ENGINEERING

## RECORD OF PHOTOGRAPHS

1m Type Kodacolor  
A Number 400Project Code 05-B-412-00

| OTO NO. | DATE   | TIME | FOCAL LENGTH | WEATHER CONDITIONS | LOCATION               | DESCRIPTION OF PHOTOGRAPH          |
|---------|--------|------|--------------|--------------------|------------------------|------------------------------------|
| 1       | 9/2/87 | 1030 | 50 mm        | Inside             | GM Assembly Division - | Top coat paint booth and paint gun |
| 2       | "      | 1040 | "            | Inside             | Leeds Plant            | Urethane paint booth               |
| 3       | "      | 1050 | "            | Clear              | ↓                      | South end of underground tank      |
| 4       | "      | 1050 | "            | "                  |                        | North end of underground tank      |
| 5       | "      | 1100 | "            | "                  |                        | Drum accumulation area             |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
| 9       |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
| 12      |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
| 14      |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
| 17      |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
| 19      |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
| 22      |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |
|         |        |      |              |                    |                        |                                    |

Notes: (1) Express Time in 24 hour clock notation; (2) Focal Length is of lens used.

Signature of Photographer Edward B. Clement Jr